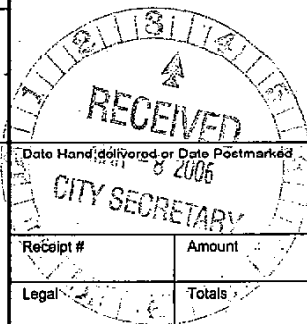



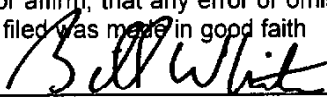
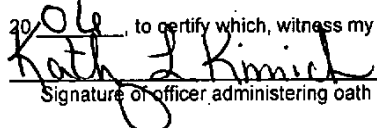
CORRECTION AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

1	ACCOUNT #	2	Total Pages filed: <div style="text-align: right; font-size: 1.2em;">12</div>	OFFICE USE ONLY
3	CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mr.	FIRST William	MI H.
		NICKNAME Bill	LAST White	SUFFIX
4	ORIGINAL REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> Runoff <input type="checkbox"/> Other (specify) _____ <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> 30th day before election <input type="checkbox"/> 15th day after treasurer appointment (officeholder only) <input type="checkbox"/> 8th day before election <input type="checkbox"/> Final report		
5	ORIGINAL PERIOD COVERED	Month Day Year Month Day Year 01 / 01 / 04 THROUGH 06 / 30 / 04		



6	EXPLANATION OF CORRECTION
	See attached

7	AFFIDAVIT	<p>I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.</p> <p>Check ONLY if applicable:</p> <div style="display: flex; align-items: flex-start;"> <div style="margin-right: 20px;"> <input type="checkbox"/> I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith. </div> <div style="margin-top: 20px;">  </div> </div> <div style="margin-top: 20px;"> <div style="text-align: center;">  Signature of Candidate or Officeholder </div> </div>
<p>AFFIX NOTARY STAMP / SEAL ABOVE</p> <p>Sworn to and subscribed before me by <u>Bill White</u> this the <u>28th</u> day of <u>February</u>, 20<u>06</u>, to certify which, witness my hand and seal of office.</p> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="text-align: center;">  Signature of officer administering oath </div> <div style="text-align: center;"> <u>Kathy L. Kimich</u> Printed name of officer administering oath </div> <div style="text-align: center;"> <u>Notary</u> Title of officer administering oath </div> </div>		

**Remember to Attach Any Part Of The Campaign Finance Report Form
Needed To Report And Explain Corrections**

EXPLANATION OF CORRECTION—JULY 15, 2004 REPORT

The January 8, 2004 expenditure of \$468.33 to American Communication Services, Inc. included in the attached pages was incorrectly described in Schedule F of our Campaign Finance Report as a "Reimbursement for cell phone usage." This payment was not a reimbursement, but rather a direct payment by the campaign to the vendor for cell phone services. We are correcting the "Purpose of Payment" description of this payment to reflect that it was a direct payment by the campaign for cell phone services rather than a reimbursement for an expenditure incurred by a third party.

The reimbursements to Hazel Mitchell for mileage on the attached schedule were mistakenly described on the original report as reimbursements for gas. We are therefore amending the report to correct the description.

The remainder of the political expenditures on the attached pages were incurred by individuals who purchased goods or services from their own personal funds for the use of the campaign and were reimbursed by the campaign for those expenses. The payee on the expenses was originally reported as the individual actually incurring the expense, and the Purpose of Payment stated the good or service for which the person was obtaining reimbursement. The date of the expense originally reported was the date the campaign reimbursed the individual incurring the expense. We are supplementing Schedule F to state the name and address of the person or entity from whom the originally reported payee purchased the goods or services. The originally reported payee is now identified in the Purpose of Payment section, which continues to describe the payment as a reimbursement. For expenditures with respect to which our records establish that the individual purchasing goods or services for the campaign incurred the expense on a date prior to the date the individual was reimbursed, the date of expenditure has been changed from the date of reimbursement to the date the individual incurred the expense.

In some circumstances, individuals received reimbursement during this reporting period for expenses they incurred during the January 15, 2004 reporting period. We are contemporaneously filing a correction affidavit for the January 15, 2004 report supplementing Schedule F to provide the additional information discussed above regarding expenses the individual incurred during the prior reporting period, but for which the campaign did not reimburse the individual until this reporting period.

The reimbursements that the campaign provided to individuals for expenses incurred during this reporting period for the benefit of the campaign include reimbursements for \$176.49 in expenses as to which the total amount paid by or for the benefit of the campaign to the payee during the reporting period is less than \$50. Accordingly, Total Expenditures of \$50 or Less increase from \$0 to \$176.49.

Schedule F of the original report mistakenly reflected a February 19, 2004 payment of \$170 to Kyle Simpson. No such payment occurred.

Because expenditures made by an individual for the benefit of the campaign during the January 15, 2004 reporting period but for which the individual received reimbursement during

this reporting period are now being reported on Schedule F of the reports for those prior reporting periods rather than on this report, and because of the removal of the above-referenced payment to Kyle Simpson, Total Expenditures for this reporting period decrease from \$435,734.95 to \$432,503.82.

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

9

2 FILER NAME

William H. White

3 ACCOUNT # (Ethics Commission filers)**4** Date

03/10/04

5 Payee name

LD Systems

7 Amount

(\$)

\$1,138.63

6 Payee address; City; State; Zip Code

P.O. Box 10620

Houston, TX 77206

8 Purpose of payment (See instructions regarding type of information required.)

Reimburse Nancy Kinder for sound system at event

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Office holder name

Office sought

Office held

Date

05/05/04

Payee name

Sams Club

Amount

(\$)

\$60.90

Payee address; City; State; Zip Code

5310 S. Rice Blvd.

Houston, TX 77081

Purpose of payment (See instructions regarding type of information required.)

Reimburse Rosie Lozano for event costs

**** Complete if direct expenditure to benefit C/OH ****

Candidate / Office holder name

Office sought

Office held

Date

03/09/04

Payee name

Ellen Graham Creole Restaurant

Amount

(\$)

\$2,500.00

Payee address; City; State; Zip Code

1924 Calumet

Houston, TX 77004

Purpose of payment (See instructions regarding type of information required.)

Reimburse Darcy Mackey for refreshments at fundraiser

**** Complete if direct expenditure to benefit C/OH ****

Candidate / Office holder name

Office sought

Office held

Date

03/09/04

Payee name

Officer Kevin Brown

Amount

(\$)

\$125.00

Payee address; City; State; Zip Code

1200 Travis St.

Houston, TX 77002

Purpose of payment (See instructions regarding type of information required.)

Reimburse Darcy Mackey for security at fundraiser

**** Complete if direct expenditure to benefit C/OH ****

Candidate / Office holder name

Office sought

Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F: 9	
2 FILER NAME William H. White		3 ACCOUNT # (Ethics Commission filers)	
4 Date 01/13/04	5 Payee name Diamond Shamrock	7 Amount (\$) \$10.00	
6 Payee address; City; State; Zip Code 5802 Memorial Dr. Houston, TX 77007			
8 Purpose of payment (See instructions regarding type of information required.) Reimburse Patrick McIlvain for gas		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Office holder name Office sought Office held	
Date 01/13/04	Payee name Diamond Shamrock	Amount (\$) \$20.00	
Payee address; City; State; Zip Code 5802 Memorial Dr. Houston, TX 77007			
Purpose of payment (See instructions regarding type of information required.) Reimburse Patrick McIlvain for gas		** Complete if direct expenditure to benefit C/OH ** Candidate / Office holder name Office sought Office held	
Date 01/13/04	Payee name Diamond Shamrock	Amount (\$) \$10.00	
Payee address; City; State; Zip Code 5802 Memorial Drive Houston, TX 77007			
Purpose of payment (See instructions regarding type of information required.) Reimburse Patrick McIlvain for gas		** Complete if direct expenditure to benefit C/OH ** Candidate / Office holder name Office sought Office held	
Date 01/13/04	Payee name Diamond Shamrock	Amount (\$) \$10.00	
Payee address; City; State; Zip Code 5802 Memorial Drive Houston, TX 77007			
Purpose of payment (See instructions regarding type of information required.) Reimburse Patrick McIlvain for gas		** Complete if direct expenditure to benefit C/OH ** Candidate / Office holder name Office sought Office held	
ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED			

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

9

2 FILER NAME

William H. White

3 ACCOUNT # (Ethics Commission filers)**4** Date

01/13/04

5 Payee name

Diamond Shamrock

7Amount
(\$)

\$10.00

6 Payee address; City; State; Zip Code5802 Memorial Drive
Houston, TX 77007**8** Purpose of payment (See instructions regarding type of information required.)

Reimburse Patrick McIlvain for gas

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Office holder name

Office sought

Office held

Date

01/13/04

Payee name

Diamond Shamrock

Amount
(\$)

\$4.00

Payee address; City; State; Zip Code

5802 Memorial Dr.
Houston, TX 77007

Purpose of payment (See instructions regarding type of information required.)

Reimburse Patrick McIlvain for gas

**** Complete if direct expenditure to benefit C/OH ****

Candidate / Office holder name

Office sought

Office held

Date

01/13/04

Payee name

Diamond Shamrock

Amount
(\$)

\$5.00

Payee address; City; State; Zip Code

5802 Memorial Dr.
Houston, TX 77007

Purpose of payment (See instructions regarding type of information required.)

Reimburse Patrick McIlvain for gas

**** Complete if direct expenditure to benefit C/OH ****

Candidate / Office holder name

Office sought

Office held

Date

01/21/04

Payee name

Office Max

Amount
(\$)

\$26.50

Payee address; City; State; Zip Code

1576 West Gray
Houston, TX 77019

Purpose of payment (See instructions regarding type of information required.)

Reimburse Susybelle Zook for supplies

**** Complete if direct expenditure to benefit C/OH ****

Candidate / Office holder name

Office sought

Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

9

2 FILER NAME

William H. White

3 ACCOUNT # (Ethics Commission filers)**4** Date

03/28/04

5 Payee name

Office Max

7 Amount

(\$)

\$16.00

6 Payee address; City; State; Zip Code1576 West Gray
Houston, TX 77019**8** Purpose of payment (See instructions regarding type of information required.)

Reimburse Susybelles Zook for supplies

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Office holder name

Office sought

Office held

Date

01/28/04

Payee name

Office Max

Amount

(\$)

\$26.27

Payee address; City; State; Zip Code

1576 West Gray
Houston, TX 77019

Purpose of payment (See instructions regarding type of information required.)

Reimburse Susybelles Zook for supplies

** Complete if direct expenditure to benefit C/OH **

Candidate / Office holder name

Office sought

Office held

Date

01/30/04

Payee name

Sams Club

Amount

(\$)

\$322.08

Payee address; City; State; Zip Code

1615 S. Loop West
Houston, TX 77054

Purpose of payment (See instructions regarding type of information required.)

Reimburse John Moriniere for monitor

** Complete if direct expenditure to benefit C/OH **

Candidate / Office holder name

Office sought

Office held

Date

06/07/04

Payee name

Bill Kelly

Amount

(\$)

\$25.00

Payee address; City; State; Zip Code

909 Texas Street, Apt. 1310
Houston, TX 77002

Purpose of payment (See instructions regarding type of information required.)

Reimburse Susybelles Zook for moving expenses

** Complete if direct expenditure to benefit C/OH **

Candidate / Office holder name

Office sought

Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES		SCHEDULE F
The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F: 9
2 FILER NAME William H. White		3 ACCOUNT # (Ethics Commission filers)
4 Date 06/07/04	5 Payee name Patrick Tyczynski 6 Payee address; City; State; Zip Code 5019 Calhoun Houston, TX 77004	7 Amount (\$) \$25.00
8 Purpose of payment (See instructions regarding type of information required.) Reimburse Susybelc Zook for moving expenses		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Office holder name Office sought Office held
Date 02/19/04	Payee name Register.com Payee address; City; State; Zip Code 575 8th Ave New York, NY 10018	Amount (\$) \$16.95
Purpose of payment (See instructions regarding type of information required.) Reimburse Susybelc Zook for web hosting		** Complete if direct expenditure to benefit C/OH ** Candidate / Office holder name Office sought Office held
Date 03/19/04	Payee name Register.com Payee address; City; State; Zip Code 575 8th Ave New York, NY 10018	Amount (\$) \$15.95
Purpose of payment (See instructions regarding type of information required.) Reimburse Susybelc Zook for web hosting		** Complete if direct expenditure to benefit C/OH ** Candidate / Office holder name Office sought Office held
Date 04/19/04	Payee name Register.com Payee address; City; State; Zip Code 575 8th Ave New York, NY 10018	Amount (\$) \$15.95
Purpose of payment (See instructions regarding type of information required.) Reimburse Susybelc Zook for web hosting		** Complete if direct expenditure to benefit C/OH ** Candidate / Office holder name Office sought Office held
ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED		

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

9

2 FILER NAME

William H. White

3 ACCOUNT # (Ethics Commission filers)**4** Date

05/19/04

5 Payee name

Register.com

7Amount
(\$)

\$15.95

6 Payee address; City; State; Zip Code575 8th Ave
New York, NY 10018**8** Purpose of payment (See instructions regarding type of information required.)

Reimburse Susybelle Zook for web hosting

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Office holder name

Office sought

Office held

Date

06/19/04

Payee name

Register.com

Amount
(\$)

\$15.95

Payee address; City; State; Zip Code

575 8th Ave
New York, NY 10018

Purpose of payment (See instructions regarding type of information required.)

Reimburse Susybelle Zook for web hosting

**** Complete if direct expenditure to benefit C/OH ****

Candidate / Office holder name

Office sought

Office held

Date

06/15/04

Payee name

Micro Center

Amount
(\$)

\$378.87

Payee address; City; State; Zip Code

1717 West Loop South
Houston, TX 77027

Purpose of payment (See instructions regarding type of information required.)

Reimburse Andrea White for office supplies

**** Complete if direct expenditure to benefit C/OH ****

Candidate / Office holder name

Office sought

Office held

Date

01/14/04

Payee name

Blue Cross Blue Shield

Amount
(\$)

\$1,756.68

Payee address; City; State; Zip Code

901 S. Central Expressway
Richardson, TX 75080

Purpose of payment (See instructions regarding type of information required.)

Reimburse Pam Rosenauer for health insurance

**** Complete if direct expenditure to benefit C/OH ****

Candidate / Office holder name

Office sought

Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

9

2 FILER NAME

William H. White

3 ACCOUNT # (Ethics Commission filers)

4 Date

01/08/04

5 Payee name

Hazel Mitchell

7 Amount
(\$)

\$45.36

6 Payee address; City; State; Zip Code

15001 Crosswinds Dr., Apt. 601
Houston, TX 77032

8 Purpose of payment (See instructions regarding type of information required.)

Reimbursement for mileage

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Office holder name

Office sought

Office held

Date

01/08/04

Payee name

Hazel Mitchell

Amount
(\$)

\$75.80

Payee address; City; State; Zip Code

15001 Crosswinds Dr., Apt. 601
Houston, TX 77032

Purpose of payment (See instructions regarding type of information required.)

Reimbursement for mileage

** Complete if direct expenditure to benefit C/OH **

Candidate / Office holder name

Office sought

Office held

Date

01/19/04

Payee name

Hazel Mitchell

Amount
(\$)

\$75.60

Payee address; City; State; Zip Code

15001 Crosswinds Dr., Apt. 601
Houston, TX 77032

Purpose of payment (See instructions regarding type of information required.)

Reimbursement for mileage

** Complete if direct expenditure to benefit C/OH **

Candidate / Office holder name

Office sought

Office held

Date

01/28/04

Payee name

Hazel Mitchell

Amount
(\$)

\$60.48

Payee address; City; State; Zip Code

15001 Crosswinds Dr., Apt. 601
Houston, TX 77032

Purpose of payment (See instructions regarding type of information required.)

Reimbursement for mileage

** Complete if direct expenditure to benefit C/OH **

Candidate / Office holder name

Office sought

Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

9

2 FILER NAME

William H. White

3 ACCOUNT # (Ethics Commission filers)

4 Date

02/23/04

5 Payee name

Hazel Mitchell

7 Amount

(\$)

\$75.60

6 Payee address; City; State; Zip Code

15001 Crosswinds Dr., Apt. 601
Houston, TX 77032

8 Purpose of payment (See instructions regarding type of information required.)

Reimbursement for mileage

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Office holder name

Office sought

Office held

Date

01/14/04

Payee name

Blue Cross Blue Shield

Amount

(\$)

\$1,756.68

Payee address; City; State; Zip Code

901 S. Central Expressway
Richardson, TX 75080

Purpose of payment (See instructions regarding type of information required.)

Reimburse Christine Cabral for health insurance

** Complete if direct expenditure to benefit C/OH **

Candidate / Office holder name

Office sought

Office held

Date

03/15/04

Payee name

Blue Cross Blue Shield

Amount

(\$)

\$362.00

Payee address; City; State; Zip Code

901 S. Central Expressway
Richardson, TX 75080

Purpose of payment (See instructions regarding type of information required.)

Reimburse Richard Lapin for health insurance

** Complete if direct expenditure to benefit C/OH **

Candidate / Office holder name

Office sought

Office held

Date

02/17/04

Payee name

Saragosa Trading Co.

Amount

(\$)

\$119.08

Payee address; City; State; Zip Code

4600 C. Oleander Street
Bellaire, TX 77401

Purpose of payment (See instructions regarding type of information required.)

Reimburse Sandra Shafto for gift

** Complete if direct expenditure to benefit C/OH **

Candidate / Office holder name

Office sought

Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES			SCHEDULE F		
The INSTRUCTION GUIDE explains how to complete this form.			1 Total pages Schedule F: 9		
2 FILER NAME William H. White			3 ACCOUNT # (Ethics Commission filers)		
4 Date 01/08/04	5 Payee name American Communication Services, Inc.		7 Amount (\$) \$468.33		
6 Payee address; City; State; Zip Code 55 Lyerly, Suite 1100 Houston, TX 77022					
8 Purpose of payment (See instructions regarding type of information required.) Payment for cell phone service			9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Office holder name Office sought Office held		
Date 02/02/04	Payee name Avalon Stationery		Amount (\$) \$201.13		
Payee address; City; State; Zip Code 2604 Westheimer Houston, TX 75098					
Purpose of payment (See instructions regarding type of information required.) Reimburse Andrea White for invitations			** Complete if direct expenditure to benefit C/OH ** Candidate / Office holder name Office sought Office held		
Date 01/13/04	Payee name Sprint PCS		Amount (\$) \$251.38		
Payee address; City; State; Zip Code 2001 Edmund Halley Drive Reston, VA 20191					
Purpose of payment (See instructions regarding type of information required.) Reimburse Christina Cabral for cell phone expense			** Complete if direct expenditure to benefit C/OH ** Candidate / Office holder name Office sought Office held		
Date 01/14/04	Payee name Cunningham, Darlow, Zook & Chapotan		Amount (\$) \$100.00		
Payee address; City; State; Zip Code 1700 Chase Tower, 600 Travis Houston, TX 77002					
Purpose of payment (See instructions regarding type of information required.) Reimburse Susybelle Zook for health insurance			** Complete if direct expenditure to benefit C/OH ** Candidate / Office holder name Office sought Office held		
ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED					